

Effective October 1, 2003

60718477

(Column 1) _____ (Column 2) _____

| | | |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | 15 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 5 minus 20 = | * |
| INDEPENDENT CLAIMS | 1 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

SMALL ENTITY
TYPE ☐

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9= | |
| X43= | |
| + 145= | |
| TOTAL | 385 |

OR

OTHER THAN
SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL | |

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
|------------|------------|------------|

| | | | | | |
|---|-------------|---|-------|---|------------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

SMALL ENTITY

| RATE | ADDITIONAL FEE |
|---------------------|----------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------|----------------|
| XS18= | |
| X86= | |
| +290= | |
| TOTAL | |
| ADDIT. FEE | |

| | | (Column 1) | | (Column 2) | (Column 3) |
|-------------|---|---|-------|---|------------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| XS 9= | |
| 443= | |
| 1145= | |
| TOTAL | |
| ADDITIONAL FEE | |

7

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | |
| ADDITIONAL FEE | |

| AMENDMENT C | Column 1 | | Column 2 | Column 3 |
|--|---|-------|---|--------------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE |
|-------------------------|----------------|
| X\$ 9= | |
| X43= | |
| -145= | |
| TOTAL ADDITIONAL FEE | |

7

| RATE | ADDITIONAL FEE |
|-------------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDITIONAL FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number